# B6F (Official Form 6F) (12/07) 7-EAG7 Doc#:8 Filed:09/16/11 Entered:09/16/11 09:41:40 Desc: Main Document Page 1 of 5

IN RE ALBERTORIO OLIVERAS, MARLON & CRUZ GARCIA, MARIE D

Case No. 11-07047-7

Summary of Certain Liabilities and Related Data.)

Debtor(s)

(If known)

#### AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F. HUSBAND, WIFE, JOINT, OR COMMUNITY UNLIQUIDATED CONTINGENT CREDITOR'S NAME, MAILING ADDRESS AMOUNT DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE, AND ACCOUNT NUMBER. CONSIDERATION FOR CLAIM. IF CLAIM IS (See Instructions Above.) SUBJECT TO SETOFF, SO STATE CLAIM **CREDIT CARD** ACCOUNT NO. 4549-2101-6406-9374 **BANCO POPULAR DE PR** BANRUPTCY DEPARTMENT P O BOX 366818 SAN JUAN, PR 00936 44,390.00 Assignee or other notification for: ACCOUNT NO. **BANCO POPULAR DE PR** LCDO JOSE L CORREA **BOX 246** TRUJILLO ALTO, PR 00977 credit line ACCOUNT NO. 70641 BANCO POPULAR DE PR BANRUPTCY DEPARTMENT P O BOX 366818 SAN JUAN, PR 00936 11,000.00 ACCOUNT NO. 7171 **CREDIT CARD BANK OF AMERICA** P O BOX 15026 WILMINGTON, DE 19850-5026 52,000.00 Subtotal 107,390.00 2 continuation sheets attached (Total of this page) (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical

IN RE ALBERTORIO OLIVERAS, MARLON & CRUZ GARCIA, MARIE D

Case No. 11-07047-7

Debtor(s)

(If known)

### AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | (                                     | ,   |                     |                    |                      |                       |
|--|----------|---------------------------------------|---|---------------------|--------------------|----------------------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT          | UNLIQUIDATED       | DISPUTED             | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. X6412  |          | J                                     | CELLULAR SERV ICE   |                     |                    |                      |                       |
| CENTENNIAL DE PR<br>P O BOX 71514<br>SAN JUAN, PR 00936  |          |                                       |   |                     |                    |                      | 900.00                |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:   |                     |                    |                      |                       |
| AT & T<br>P O BOX 772349<br>OCALA, FL 34477-2349   |          |                                       | CENTENNIAL DE PR  |                     |                    |                      |                       |
| ACCOUNT NO. 2196   |          | J                                     | CREDIT CARD   |                     |                    |                      |                       |
| CHASE CARDMEMBER SERVICE P O BOX 15299 WILMINGTON, DE 19850-5299   |          |                                       |   |                     |                    |                      | 16,000.00             |
| ACCOUNT NO. <b>685568549-8</b>   |          | J                                     |   |                     |                    |                      | 10,000100             |
| CLARO<br>P O BOX 70367<br>SAN JUAN, PR 00936   | -        |                                       |   |                     |                    |                      |                       |
| ACCOUNT NO.  PRT P O BOX 71535 SAN JUAN, PR 00936  | -        |                                       | Assignee or other notification for:<br>CLARO  |                     |                    |                      | 0.00                  |
| ACCOUNT NO. 1010018405145  |          | J                                     | PROPERTY TAXES  |                     |                    |                      |                       |
| CRIM LEGAL COUNSEL OFFICE P O BOX 195387 SAN JUAN, PR 00919  |          |                                       |   |                     |                    |                      | 596.00                |
| ACCOUNT NO. 8339   |          | J                                     |   |                     |                    |                      |                       |
| FIRST BANK PUERTO RICO<br>BANKRUPTCY DIVISION<br>P O BOX 9146<br>SAN JUAN, PR 00908                      |          |                                       |   |                     |                    |                      |                       |
| Sheet no <b>1</b> of <b>2</b> continuation sheets attached to  |          | <u> </u>                              |   | Su.                 | tot                |                      | 6,500.00              |
| Sheet no1 of2 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of t<br>(Use only on last page of the completed Schedule F. Reporthe Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate | T<br>t als<br>tatis | age<br>Fota<br>o o | e)<br>al<br>on<br>al | \$ <b>23,996.00</b>   |

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IN RE ALBERTORIO OLIVERAS, MARLON & CRUZ GARCIA, MARIE D

Case No. 11-07047-7

Debtor(s)

(If known)

### AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| (Continuation Sheet)  |          |                                       |  |            |              |          |                       |
|---|----------|---------------------------------------|--|------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)  | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>685568549-8</b>  |          | J                                     | SERVICE  |            |              |          |                       |
| PRT P O BOX 71535 SAN JUAN, PR 00936  |          |                                       | SERVICE .  |            |              |          | 956.00                |
| ACCOUNT NO. 1718  |          | J                                     | CREDIT CARD  |            |              |          |                       |
| SAMS CLUB DISCOVER P O BOX 981401 EL PASO, TX 79998-1401  | -        |                                       |  |            |              |          | 2,200.00              |
| ACCOUNT NO. 6689  | H        | J                                     | credit card  | +          |              | $\vdash$ |                       |
| SEARS P O BOX 6283 SIOUX FALLS, SD 57117  |          |                                       |  |            |              |          | 0.00                  |
| ACCOUNT NO.   |          |                                       | Assignee or other notification for:  |            |              |          |                       |
| CMPR INC P O BOX 965 BUFFALO, NY 14220  | -        |                                       | SEARS  |            |              |          |                       |
| ACCOUNT NO.   |          |                                       |  |            |              |          |                       |
| ACCOUNT NO.   |          |                                       |  |            |              |          |                       |
|   |          |                                       |  |            |              |          |                       |
| ACCOUNT NO.   |          |                                       |  |            |              |          |                       |
|   |          |                                       |  |            |              |          |                       |
| Sheet no. 2 of 2 continuation sheets attached to Subtotal Schedule of Creditors Holding Unsecured Nonpriority Claims (Total of this page) \$ 3,156.00 |          |                                       |  |            |              |          |                       |
|   |          |                                       | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | t als      | tic          | n<br>al  | <b>\$ 134,542.00</b>  |

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B6J (Official Form 61) (12/07) 47-EAG7 Doc#:8 Filed:09/16/11 Entered:09/16/11 09:41:40 Desc: Main

IN RE ALBERTORIO OLIVERAS, MARLON & CRUZ GARCIA, MARIE D

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\_ Case No. <u>11-07047-7</u>

Debtor(s)

(If known)

#### AMENDED SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorquarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the on Form22A or 22C.  |                               |
|---|-------------------------------|
| Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Comple expenditures labeled "Spouse."   | te a separate schedule of     |
| 1. Rent or home mortgage payment (include lot rented for mobile home) a. Are real estate taxes included? Yes No _✓  | \$1,532.00                    |
| b. Is property insurance included? Yes No _ <all color="right"> No _<all color="right"></all></all></all></all></all></all></all></all></all></all></all></all></all></all></all></all></all></all></all></all></all></all></all></all></all></all></all></all></all></all> |                               |
| a. Electricity and heating fuel   | \$ 130.00                     |
| b. Water and sewer  | \$ 64.41                      |
| c. Telephone  | \$                            |
| d. Other See Schedule Attached  | \$ 245.00                     |
|   | \$                            |
| 3. Home maintenance (repairs and upkeep)  | \$65.00                       |
| 4. Food   | \$                            |
| 5. Clothing   | \$100.00                      |
| 6. Laundry and dry cleaning   | \$                            |
| 7. Medical and dental expenses 8. Transportation (not including car payments)   | \$ <u>100.00</u><br>\$ 300.00 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   | \$ 100.00                     |
| 10. Charitable contributions  | \$ 40.00                      |
| 11. Insurance (not deducted from wages or included in home mortgage payments)   | -                             |
| a. Homeowner's or renter's  | \$                            |
| b. Life   | \$                            |
| c. Health   | \$                            |
| d. Auto   | \$20.00                       |
| e. Other  | \$                            |
| 12. Taxes (not deducted from wages or included in home mortgage payments)   | <b>&gt;</b>                   |
| (Specify)   | \$                            |
| (Specify)   | \$                            |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)   |                               |
| a. Auto   | \$                            |
| b. Other  | \$                            |
|   | \$                            |
| 14. Alimony, maintenance, and support paid to others  | \$                            |
| 15. Payments for support of additional dependents not living at your home   | \$                            |
| <ul><li>16. Regular expenses from operation of business, profession, or farm (attach detailed statement)</li><li>17. Other See Schedule Attached</li></ul>  | \$<br>\$ 958.00               |
| 17. Other See Schedule Attached   | \$                            |
|   |                               |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.   | \$\$                          |
| 19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing <b>NONE EXPECTED</b>  | of this document:             |
| 20. STATEMENT OF MONTHLY NET INCOME   |                               |
| a. Average monthly income from Line 15 of Schedule I  | \$ 4,354.41                   |
| b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)  | \$\$ 4,354.41<br>\$ 0.00      |
| c. Monthly not modific (a. fillius 0.)  | Ψυ.υυ                         |

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IN RE ALBERTORIO OLIVERAS, MARLON & CRUZ GARCIA, MARIE D \_\_ Case No. <u>11-07047-7</u>

Debtor(s)

#### AMENDED SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

**Continuation Sheet - Page 1 of 1** 

| Other Utilities (DEBTOR) |        |
|--------------------------|--------|
| CELLULAR                 | 175.00 |
| CABLE TV                 | 30.00  |
| INTERNET                 | 40.00  |
| Other Expenses (DEBTOR)  |        |
| SCHOOL EXPENSES          | 610.00 |
| CAR MAINTENACE           | 80.00  |
| BEAUTY AND BARBER        | 80.00  |
| LUNCH AT WORK            | 154.00 |
| EMERGENCY FUND           | 34.00  |